

STATE OF ARIZONA
FILED

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DEPT. OF INSURANCE

REPORT OF TARGET MARKET CONDUCT EXAMINATION

OF

MGA INSURANCE COMPANY, INC.

NAIC # 40150

AS OF

DECEMBER 31, 2008

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CHRISTINA URIAS
Director of Insurance

Honorable Christina Urias
Director of Insurance
State of Arizona
2910 North 44th Street
Suite 210, Second Floor
Phoenix, Arizona 85108-7256

Dear Director Urias:

Pursuant to your instructions and in conformity with the provisions of the Insurance Laws and Rules of the State of Arizona, an examination has been made of the market conduct affairs of the:

MGA INSURANCE COMPANY, INC.
NAIC # 40150

The above examination was conducted by William Hobert, Examiner-in Charge, and Market Conduct Examiners Laura Sloan-Cohen, AIE and Robert De Berge.

The examination covered the period of January 1, 2008 through December 31, 2008.

As a result of that examination, the following Report of Examination is respectfully submitted.

Sincerely yours,


A handwritten signature in cursive script that reads "Helene I. Tomme".

Helene I. Tomme, CPCU, CIE
Market Conduct Examinations Supervisor
Market Oversight Division

AFFIDAVIT

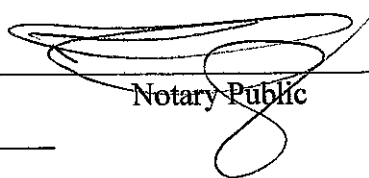
STATE OF ARIZONA)
) ss.
County of Maricopa)

William P. Hobert being first duly sworn, states that I am a duly appointed Market Conduct Examinations Examiner-in-Charge for the Arizona Department of Insurance. That under my direction and with my participation and the participation of Market Conduct Examiners Laura Sloan-Cohen, AIE and Robert De Berge on the Examination of MGA Insurance Company, Inc., hereinafter referred to as the "Company" was performed at the offices of the Arizona Department of Insurance. A teleconference meeting with appropriate Company officials was held to discuss this Report, but a copy was not provided to management as the Examination was incomplete and had not yet been finalized. The information contained in this Report, consists of the following pages, is true and correct to the best of my knowledge and belief and that any conclusions and recommendations contained in and made a part of this Report are such as may be reasonably warranted from the facts disclosed in the Examination Report.

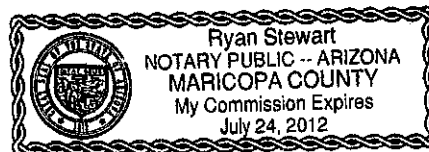


William P. Hobert, CPCU, CLU, CIE
Market Conduct Examinations Supervisor
Market Oversight Division

Subscribed and sworn to before me this 16 day of June, 2009.


Notary Public

My Commission Expires July 24, 2012



FOREWORD

This target market conduct examination report of MGA Insurance Company, Inc. (herein referred to as the "Company"), was prepared by employees of the Arizona Department of Insurance (Department) as well as independent examiners contracting with the Department. A target market conduct examination is conducted for the purpose of auditing certain business practices of insurers licensed to conduct the business of insurance in the state of Arizona. The examiners conducted the examination of the Company in accordance with Arizona Revised Statutes (A.R.S.) §§ 20-142, 20-156, 20-157, 20-158 and 20-159. The findings in this report, including all work product developed in the production of this report, are the sole property of the Department.

The examination consisted of a review of the following Private Passenger Automobile line of business operations:

1. Complaint Handling
2. Marketing and Sales
3. Producer Compliance
4. Underwriting and Rating
5. Cancellations and Non-Renewals
6. Claims Processing

Certain unacceptable or non-complying practices may not have been discovered in the course of this examination. Additionally, findings may not be material to all areas that would serve to assist the Director.

Failure to identify or criticize specific Company practices does not constitute acceptance of those practices by the Department.

SCOPE AND METHODOLOGY

The examination of the Company was conducted in accordance with the standards and procedures established by the National Association of Insurance Commissioners (NAIC) and the Department. The target market conduct examination of the Company covered the period of

January 1, 2008 through December 31, 2008 for business reviewed. The purpose of the examination was to determine the Company's compliance with Arizona's insurance laws, and whether the Company's operations and practices are consistent with the public interest. This examination was completed by applying tests to each examination standard to determine compliance with the standard. Each standard applied during the examination is stated in this report and the results are reported beginning on page 7.

In accordance with Department procedures, the examiners completed a Preliminary Finding ("Finding") form on those policies, claims and complaints not in apparent compliance with Arizona law. The finding forms were submitted for review and comment to the Company representative designated by Company management to be knowledgeable about the files. For each finding the Company was requested to agree, disagree or otherwise justify the Company's noted action.

The examiners utilized both examinations by test and examination by sample. Examination by test involves review of all records within the population, while examination by sample involves the review of a selected number of records from within the population. Due to the small size of some populations examined, examination by test and by sample were completed without the need to utilize computer software.

File sampling was based on a review of underwriting and claim files that were systematically selected by using Audit Command Language (ACL) software and computer data files provided by the Company. Samples are tested for compliance with standards established by the NAIC and the Department. The tests applied to sample data will result in an exception ratio, which determines whether or not a standard is met. If the exception ratio found in the sample is, generally less than 5%, the standard will be considered as "met." The standard in the areas of procedures and forms use will not be met if any exception is identified.

HISTORY OF THE COMPANY

MGA Insurance Company, Inc. is a wholly owned subsidiary of GAINSCO, INC., a Texas corporation. The Company was organized under the laws of Texas on May 22, 1981 and commenced business on August 13, 1981. The Company engages in the property and casualty insurance business, focusing on the nonstandard personal auto market where it writes minimum and slightly higher coverage limits. The Company entered the nonstandard personal auto insurance business through the acquisition in 1998 of the Lalande Group, located in Miami,

Florida. The Company expanded into Texas in 2003, Arizona and Nevada in 2004, California in 2005 and South Carolina in 2006, and entered New Mexico in 2007. The Company is preparing to begin writing insurance in Georgia in the second quarter of 2009. Prior to February 2002, the Company was engaged in commercial lines underwriting. The Company exited this business due to continued adverse reserve development and unfavorable financial results, and the Company's commercial lines business has been in run-off since then. The Company's parent has its common stock publicly traded on the NYSE and Amex under the symbol "GAN."

PROCEDURES REVIEWED WITHOUT EXCEPTION

The examiners review of the following Company departments¹ or functions indicates that they appear to be in compliance with Arizona statutes and rules:

Complaint Handling Producer Compliance Marketing and Sales Underwriting and Rating

EXAMINATION REPORT SUMMARY

The examination revealed ten (10) compliance issues that resulted in 169 exceptions due to the Company's failure to comply with statutes and rules that govern all insurers operating in Arizona. These issues were found in two (2) of the six (6) sections of Company operations examined. The following is a summary of the examiners' findings:

Cancellation and Non-Renewals

In the area of Cancellations and Non-Renewals, two (2) compliance issues are addressed in this report as follows:

- The Company failed to provide nine (9) insureds a Summary of Rights with their cancellation notices.
- The Company failed to refund six (6) insureds the unearned premium owed within ten (10) days after the policy cancellation.

¹ If a department name is listed there were no exceptions noted during the review.

Claims Processing

In the area of Claims Processing, eight (8) compliance issues are addressed in this report as follows:

- The Company failed on one (1) claim authorization form to:
 - (a) advise the individual or a person authorized to act on behalf of the individual that they are entitled to receive a copy of the authorization form.
 - (b) specify the length of time the authorization remains valid shall be no longer than the duration of the claim.
 - (c) specify the purposes for which the information was collected.
 - (d) specify the types of persons authorized to disclose information about the individual.
- The Company failed to include the required fraud warning language on seven (7) claim forms and 116 claim letters.
- The Company failed to correctly calculate and fully pay the sales tax payable on eleven (11) first party and twelve (12) third party total loss settlements.
- The Company failed to correctly calculate and fully pay fees payable on one (1) first party and one (1) third party total loss settlement.
- The Company failed to fully reimburse two (2) insureds their proportionate amount of deductible based upon subrogation recovery.

FACTUAL FINDINGS

RESULTS OF PREVIOUS MARKET EXAMINATIONS

During the past three (3) years, the Company had one (1) market conduct examination conducted by California.

CANCELLATIONS AND NON-RENEWALS

Private Passenger Automobile (PPA):

The examiners reviewed:

- (1) 100 non-payment cancellations from a population of 23,033: and
- (2) all nine (9) cancellations for underwriting reasons.

The Company did not non-renew any policies during the exam period.

The examiners found fifteen (15) cancellation exceptions.

The following Cancellation and Non-Renewal Standards failed:

#	STANDARD	Regulatory Authority
1	Declinations, Cancellations and Nonrenewal shall comply with state laws and Company including the Summary of Rights to be given to the applicant and shall not be unfairly discriminatory.	A.R.S. §§ 20-448, 20-2108, 20-2109, 20-2110

#	STANDARD	Regulatory Authority
2	Cancellation and Nonrenewal notices comply with state laws, Company guidelines and policy provisions, including the amount of advance notice required and grace period provisions to the policyholder, nonrenewal based on condition of premises, and shall not be unfairly discriminatory.	A.R.S. §§ 20-191, 20-443, 20-448, 20-1631, 20-1632, 20-1632.01

Cancellation and Non-Renewal Standard #1 failed

Preliminary Finding #6 – Summary of Rights - The Company failed to provide policyholders with the required Summary of Rights, when terminating coverage for an adverse underwriting decision on nine (9) cancellations. These are violations of A.R.S. §§ 20-2108, 20-2109 and 20-2110.

PRIVATE PASSENGER AUTOMOBILE CANCELLATIONS

Failed to provide Summary of Rights in the event of an adverse underwriting decision
A.R.S. §§ 20-2108, 20-2109 and 20-2110.

Population	Sample	# of Exceptions	% to Sample
9	9	9	100.0%

A 100.0% error ratio does not meet the Standard; therefore, a recommendation is warranted.

Recommendation #1

Within 90 days of the filed date of this report provide the Department with documentation that Company procedures and controls are in place so that the required Summary of Rights is sent with all cancellation notices that involve an adverse underwriting decision by the Company.

Subsequent Event

During the course of the examination, the Company provided the examiners a copy of the Company's Summary of Rights and advised by August 20, 2009 it will be sent with all adverse underwriting decision notices.

Cancellation and Non-Renewal Standard #2 failed

Preliminary Finding #5 - The Company failed to provide six (6) insureds their unearned premium refunds within ten (10) days after the policy cancellation. These represent six (6) violations of A.R.S. § 20-1632(A)(3).

PRIVATE PASSENGER AUTOMOBILE CANCELLATIONS

Failed to provide unearned premium refunds within ten (10) days after cancellation.

A.R.S. § 20-1632(A)(3)

Population	Sample	# of Exceptions	% to Sample
9	9	6	66.7%

A 66.7% error ratio does not meet the Standard; therefore, a recommendation is warranted.

Recommendation #2

Within 90 days of the filed date of this report, provide documentation to the Department that Company procedures and controls are in place to ensure that unearned premium refunds are sent insureds within ten (10) days after policy cancellations.

Subsequent Event

During the course of the examination, the Company advised the examiners that they will create a manual backup system to their automated system to assure future compliance.

CLAIMS PROCESSING

Private Passenger Automobile (PPA):

The examiners reviewed:

- (1) fifty-one (51) paid claims from a population of 3,283;
- (2) fifty-two (52) total loss claims from a population of 188;
- (3) fifty-two (52) claims closed without payment from a population of 910; and
- (4) fifty-two (52) subrogation claims from a population of seventy four (74).

All claim files were reviewed to ensure compliance with Arizona Statutes and Rules.

The following Claim Processing Standards were met:

#	STANDARD	Regulatory Authority
1	The initial contact by the Company with the claimant is within the required time frame.	A.R.S. § 20-461, A.A.C. R20-6-801
2	Timely investigations are conducted.	A.R.S. § 20-461, A.A.C. R20-6-801
4	Claim files are adequately documented in order to be able to reconstruct the claim.	A.R.S. §§ 20-461, 20-463, 20-466.03, A.A.C. R20-6-801
6	The Company uses reservation of rights and excess of loss letters, when appropriate.	A.R.S. § 20-461, A.A.C. R20-6-801
7	Deductible reimbursement to insured upon subrogation recovery is made in a timely and accurate manner.	A.R.S. §§ 20-461, 20-462, A.A.C. R20-6-801
8	The Company responds to claim correspondence in a timely manner.	A.R.S. §§ 20-461, 20-462, A.A.C. R20-6-801
9	Denied and closed without payment claims are handled in accordance with policy provisions and state law.	A.R.S. §§ 20-461, 20-462, 20-463, 20-466, 20-2110, A.A.C. R20-6-801
10	No insurer shall fail to fully disclose to first party insureds all pertinent benefits, coverages, or other provisions of an insurance policy or insurance contract under which a claim is presented.	A.A.C. R20-6-801
11	Adjusters used in the settlement of claims are properly licensed.	A.R.S. §§ 20-321 through 20-321.02

The following Claim Processing Standard failed:

#	STANDARD	Regulatory Authority
3	The Company claim forms are appropriate for the type of product and comply with statutes, rules and regulations.	A.R.S. §§ 20-461, 20-466.03, 20-2106, A.A.C. R20-6-801

Claims Processing Standard #3 failed

Preliminary Finding #7 – Authorization Disclosures – On the following claim authorization form:

- Medical Authorization

the Company failed to:

- specify the types of persons authorized to disclose information about the individual;
- specify the purpose for which the information is collected;
- specify the authorization remains valid for no longer than the duration of the claim; and
- advise the individual or a person authorized to act on behalf of the individual they are entitled to receive a copy of the authorization form.

This form fails to comply with A.R.S. § 20-2106(3), (6), (8)(b) and (9).

CLAIM FORMS

Failed to specify the types of persons authorized to disclose information about the individual.

A.R.S. § 20-2106(3)

Population	Sample	# of Exceptions	% to Sample
N/A	N/A	1	N/A

Any error does not meet the Standard; therefore a recommendation is warranted.

Failed to specify the purposes for which the information is collected.

A.R.S. § 20-2106(6)

Population	Sample	# of Exceptions	% to Sample
N/A	N/A	1	N/A

Any error does not meet the Standard; therefore a recommendation is warranted.

Failed to specify the authorization remains valid for no longer than the duration of the claim.

A.R.S. § 20-2106(8)(b)

Population	Sample	# of Exceptions	% to Sample
N/A	N/A	1	N/A

Any error does not meet the Standard; therefore a recommendation is warranted.

Failed to advise the individual or a person authorized to act on behalf of the individual they are entitled to receive a copy of the authorization form.

A.R.S. § 20-2106(9)

Population	Sample	# of Exceptions	% to Sample
N/A	N/A	1	N/A

Any error does not meet the Standard; therefore a recommendation is warranted.

Recommendation #3

Within 90 days of the filed date of this report, provide documentation to the Department that in accordance with applicable state statutes this form has been amended, as needed, to:

- (a) specify the types of persons authorized to disclose information about the individual;
- (b) specify the purpose for which the information is collected;
- (c) specify the authorization is valid for no longer than the duration of the claim; and
- (d) inform the individual or a person authorized to act on behalf of the individual that they are entitled to receive a copy of the authorization form.

Subsequent Event

During the course of the examination, the Company provided examiners with a corrected, compliant, Department approved copy of the form. The Company stated the revised form would be immediately implemented and added to the Company's ClaimCenter system.

Preliminary Finding #8 – Fraud Warning – The Company failed to include the required fraud language on seven (7) claim forms and 116 claim letters. These represent 123 violations of the statute.

The following table summarizes the seven (7) claims forms cited by the examiners. The 116 claim letters identified by the examiners as non-compliant are shown in Appendix A at the end of this report.

	Form Description	Form #
1	Affidavit of Salvage Retention Request Letter/Form	None
2	Affidavit of Vehicle Theft Letter/Form	None
3	Full and Final Release and Indemnity to Attorney	None
4	Full and final Release & Schedule Agreement for Minor	None
5	Full and final Release & Schedule Agreement for Claimant	None
6	Guarantee of Title	None
7	Medical Authorization Request Letter/Form	None

CLAIM FORMS

Failed to include the required fraud language on claim forms and/or letters.

A.R.S. § 20-466.03

Population	Sample	# of Exceptions	% to Sample
N/A	N/A	123	N/A

Any error does not meet the Standard; therefore a recommendation is warranted.

Recommendation #4

Within 90 days of the filed date of this report, provide documentation to the Department that in accordance with applicable state statutes these claim forms and/or claim letters contain the required fraud language.

Subsequent Event

During the course of the examination, the Company advised the examiners that they will comply with the Department's request to include the fraud language on all correspondence to every party associated with the claim. The Company's target date is July 1, 2009 to have the fraud warning on all of the claim forms and letters cited.

The following Claim Processing Standard failed:

#	STANDARD	Regulatory Authority
5	Claims are properly handled in accordance with policy provisions and applicable statutes, rules and regulations.	A.R.S. §§ 20-461, 20-462, A.A.C. R20-6-801

Claims Processing Standard #5 failed

Preliminary Finding #3 and #4 – Total Loss Sales Tax and Fees – The Company failed to accurately calculate and fully pay the correct:

- (a) sales tax with eleven (11) first and twelve (12) third party total loss settlements, and
- (b) fees with one (1) first party and one (1) third party total loss settlement.

These represent twenty-five (25) violations of the statute and/or regulation.

TOTAL LOSSES

Failed to correctly calculate and pay sales taxes and fees associated with vehicle total loss settlements

A.R.S. § 20-461(A)(6) and A.A.C. R20-6-801(H)(1)(b)

Population	Sample	# of Exceptions	% to Sample
188	52	25	48.1%

A 48.1% error ratio does not meet the Standard; therefore a recommendation is warranted

Recommendation #5

Within 90 days of the filed date of this report, provide documentation to the Department that procedures and controls are in place to ensure the Company correctly calculates and pays any sales tax and title, registration or other fees owed any claimant in the settlement of a total loss in accordance with applicable state statutes and rules.

Subsequent Event

During the course of the examination, the Company made total sales tax restitutions of \$726.22 which included \$26.00 interest. The Company made total fee restitutions of \$29.11 which included \$1.61 interest. In addition, the Company agreed to conduct a self audit of the remaining 136 total loss files not reviewed by the examiners.

The following Claim Processing Standard passed with comment:

#	STANDARD	Regulatory Authority
7	Deductible reimbursement to insured upon subrogation recovery is made in a timely and accurate manner.	A.R.S. §§ 20-461, 20-462, A.A.C. R20-6-801

Preliminary Finding #1 – Subrogation Recoveries – The Company failed to reimburse two (2) insureds their proportionate amount of deductible based upon recovery. These represent two (2) violations of the statute and/or regulation.

SUBROGATIONS

Failed to reimburse the proportionate amount of deductible based upon recovery.
A.R.S. § 20-461(A)(6) and A.A.C. R20-6-801(H)(4)

Population	Sample	# of Exceptions	% to Sample
74	52	2	3.8%

A 3.8% error ratio does meet the Standard.

Subsequent Event

During the course of the examination, the Company made total subrogation restitutions of \$638.85, which included \$63.85 interest. In addition, the Company agreed to conduct a self audit of the remaining twenty-two (22) subrogation files not reviewed by the examiners.

SUMMARY OF FAILED STANDARDS

EXCEPTION	Rec. No.	Page No.
CANCELLATIONS AND NON RENEWALS		
<u>Standard #1</u> Declinations, Cancellations and Non-Renewals shall comply with state laws and Company guidelines including the Summary of Rights to be given to the applicant and shall not be discriminatory.	1	11
<u>Standard #2</u> Cancellation and Non-Renewal notices comply with state laws, Company guidelines and policy provisions, including the amount of advance notice required and grace period provisions to the policyholder, nonrenewal based on condition of premises, and shall not be unfairly discriminatory	2	12

CLAIMS PROCESSING		
<u>Standard #3</u> The Company claim forms are appropriate for the type of product and comply with statutes, rules and regulations.	3 & 4	16 & 17
<u>Standard #5</u> Claims are properly handled in accordance with policy provisions and applicable statutes, rules and regulations.	5	17

SUMMARY OF PROPERTY AND CASUALTY STANDARDS

A. Complaint Handling

#	STANDARD	PASS	FAIL
1	The company takes adequate steps to finalize and dispose of the complaints in accordance with applicable statutes, rules, regulations and contract language. (A.R.S. § 20-461, A.A.C. R20-6-801)	X	
2	The time frame within which the company responds to complaints is in accordance with applicable statutes, rules and regulations. (A.R.S. § 20-461, A.A.C. R20-6-801)	X	

B. Marketing and Sales

#	STANDARD	PASS	FAIL
1	All advertising and sales materials are in compliance with applicable statutes, rules and regulations. (A.R.S. § 20-442 and 20-443)	X	

C. Producer Compliance

#	STANDARD	PASS	FAIL
1	The producers are properly licensed in the jurisdiction where the application was taken. (A.R.S. §§ 20-282, 20-286, 20-287, 20-311 through 311.03)	X	
2	An insurer shall not pay any commission, fee, or other valuable consideration to unlicensed producers. (A.R.S. § 20-298)	X	

D. Underwriting and Rating

#	STANDARD	PASS	FAIL
1	The rates charged for the policy coverage are in accordance with filed rates (if applicable) or the Company Rating Plan. (A.R.S. §§ 20-341 through 20-385)	X	
2	Disclosures to insureds concerning rates and coverage are accurate and timely. (A.R.S. §§ 20-259.01, 20-262, 20-263, 20-264, 20-266, 20-267)	X	

3	All mandated disclosures are documented and in accordance with applicable statutes, rules and regulations, including, but not limited to, the Notice of Insurance Information Practices and the Authorization for Release of Information. (A.R.S. §§ 20-2104, 20-2106, 20-2110 and 20-2113)	X	
4	All forms and endorsements forming a part of the contract should be filed with the director (if applicable). (A.R.S. § 20-398)	X	
5	File documentation adequately supports decisions made. (A.R.S. § 20-385)	X	
6	Policies and endorsements are issued or renewed accurately, timely and completely. (A.R.S. §§ 20-1120, 20-1121, 20-1654)	X	
7	Rescissions are not made for non-material misrepresentations. (A.R.S. §§ 20-463, 20-1109)	X	

E. Declinations, Cancellation and Non-Renewals

#	STANDARD	PASS	FAIL
1	Declinations, Cancellations and Non-Renewals shall comply with state laws and Company guidelines including the Summary of Rights to be given to the applicant and shall not be unfairly discriminatory. (A.R.S. §§ 20-448, 20-2108, 20-2109, 20-2110)		X
2	Cancellations and non-renewal notices comply with state laws, Company guidelines and policy provisions, including the amount of advance notice required and grace period provisions to the policyholder, and shall not be unfairly discriminatory. (A.R.S. §§ 20-191, 20-443, 20-448, 20-1631, 20-1632, 20-1632.01)		X

F. Claims Processing

#	STANDARD	PASS	FAIL
1	The initial contact by the Company with the claimant is within the required time frame. (A.R.S. § 20-461, A.A.C. R20-6-801)	X	
2	Timely investigations are conducted. (A.R.S. § 20-461, A.A.C. R20-6-801)	X	
3	The Company claim forms are appropriate for the type of product and comply with statutes, rules and regulations. (A.R.S. §§ 20-461, 20-466.03, 20-2106, A.A.C. R20-6-801)		X

#	STANDARD	PASS	FAIL
4	Claim files are adequately documented in order to be able to reconstruct the claim. (A.R.S. §§ 20-461, 20-463, 20-466.03, A.A.C. R20-6-801)	X	
5	Claims are properly handled in accordance with policy provisions and applicable statutes, rules and regulations. (A.R.S. §§ 20-268, 20-461, 20-462, A.A.C. R20-6-801)		X
6	The Company uses reservation of rights and excess of loss letters, when appropriate. (A.R.S. § 20-461, A.A.C. R20-6-801)	X	
7	Deductible reimbursement to insured upon subrogation recovery is made in a timely and accurate manner. (A.R.S. §§ 20-461, 20-462, A.A.C. R20-6-801)	X	
8	The Company responds to claim correspondence in a timely manner. (A.R.S. §§ 20-461, 20-462, A.A.C. R20-6-801)	X	
9	Denied and closed without payment claims are handled in accordance with policy provisions and state law. (A.R.S. §§ 20-461, 20-462, 20-463, 20-466, 20-2110, A.A.C. R20-6-801)	X	
10	No insurer shall fail to fully disclose to first party insureds all pertinent benefits, coverages, or other provisions of an insurance policy or insurance contract under which a claim is presented. (A.A.C. R20-6-801)	X	
11	Adjusters used in the settlement of claims are properly licensed (A.R.S. §§ 20-321 through 20-321.02)	X	

APPENDIX A
Claim Letters

The following table summarizes 116 claim letters cited by the examiners for lack of a fraud warning statement in violation of A.R.S. § 20-466.03. No claim letter had a form #.

	Letter Description	Date	ADOI #
1	Attorney Acknowledgement	None	None
2	Demand Acknowledgement	None	None
3	Total Loss Notice	None	None
4	Sandoval Letter-Reservation of Rights	1/8/08	CWP-5
5	Ontiveros Letter-Reservation of Rights	1/17/08	CWP-6
6	Estrada Letter-Reservation of Rights	1/19/08	CWP-18
7	Rodriguez Letter-Settlement Release	3/28/08	CWP-23
8	Hastings & Hastings Letter-Info Request	4/23/08	CWP-24
9	Hernandez Letter-Reservation of Rights	5/30/08	CWP-26
10	Tobler Letter-Leinholder and Title info	9/9/08	CWP-38
11	Carlos Letter-Reservation of Rights	10/6/08	CWP-44
12	Hernandez Letter-Reservation of Rights	11/10/08	CWP-49
13	Barrera Letter-Proof of Identification	12/3/08	CWP-52
14	Simental-Vaca Letter-Settlement Release	12/9/08	CWP-55
15	Crosby & Gladner Letter-Tax ID Request	11/5/08	PDP-1
16	Goldberg & Osborn Letter-Info Request	None	PDP-11
17	Quintero Letter-Rental invoice Request	2/1/08	PDP-14
18	Rodriguez Letter-Settlement Release	3/28/08	PDP-26
19	Graham Letter-Settlement Release	4/22/08	PDP-28
20	Owens Letter-Settlement Release	7/18/08	PDP-43
21	Sobarzo Fax-Odometer Disclosure	12/11/08	PDP-45
22	Sobarzo Letter-Request for Title	10/10/08	PDP-45
23	Pincus & Lespron Letter-Medical Info	9/25/08	PDP-46
24	Felix Letter-Settlement Release	3/3/09	PDP-47
25	Ramirez Letter-Proof of Insurance	10/9/08	PDP-51
26	AZ Injury Center Letter-Settlement Release	3/27/09	PDP-58
27	Santoyo Letter-Total Loss Notice with Vehicle Release Request	4/16/08	SUB Sample 1
28	Legacy Letter- Settlement Request	6/25/08	SUB Sample 2
29	Moreno Letter- Proof of Insurance	7/19/07	SUB-4
30	Erie Letter- Settlement Request	2/7/08	SUB-7
31	Roberts Letter- Proof of Insurance	11/18/08	SUB-9
32	Farmers Letter- Settlement Request	6/20/08	SUB-10
33	O'Hare Letter- Settlement Request	5/8/08	SUB-11
34	Salem Law Firm Letter-BI Information Request	1/31/08	SUB-13
35	Liberty Mutual Letter- Settlement Request	3/3/08	SUB-14
36	Miranda, Ramirez & Assoc. Letter-Total Loss Notice	1/2/08	SUB-15
37	Santiago Letter-Attorney Acknowledgement	1/4/08	SUB-16

38	State Farm Letter- Settlement Request	1/30/08	SUB-18
39	Beloz-Mesa Letter-Contact Request	2/1/08	SUB-20
40	Turrell Letter- Proof of Insurance	5/16/08	SUB-21
41	United Road Towing Letter- Settlement Request	4/29/08	SUB-22
42	Centry Letter- Settlement Request	3/12/08	SUB-23
43	Geico Letter- Settlement Request	4/11/08	SUB-25
44	Crookham Letter-Total Loss Notice	3/28/08	SUB-26
45	American Family Letter- Settlement Request	5/23/08	SUB-27
46	Soto Letter-Contact Request	4/18/08	SUB-28
47	Oliver Letter- Proof of Insurance	10/10/08	SUB-29
48	Mechanic Garage Letter- Proof of Insurance	9/15/08	SUB-31
49	Hoover Letter- Settlement Request	6/3/08	SUB-32
50	Progressive Letter- Settlement Request	5/19/08	SUB-33
51	Hernandez Letter- Settlement Request	5/2/08	SUB-34
52	Risk Management Letter- Settlement Request	7/30/08	SUB-35
53	Wade & Nysathe Letter-Full & Final Release Letter	10/24/08	SUB-37
54	Clark Letter- Proof of Insurance	7/2/08	SUB-38
55	Mission Financial Letter-Title Guarantee	6/24/08	SUB-39
56	Legacy Letter- Settlement Request	6/25/08	SUB-40
57	Progressive Letter- Settlement Request	8/4/08	SUB-41
58	Allstate Letter- Settlement Request	8/14/08	SUB-42
59	Drakle Letter-Proof of Insurance	7/22/08	SUB-43
60	CNA Letter- Settlement Request	7/16/08	SUB-44
61	Solares-Jimenez Letter-Contact Request	7/17/08	SUB-45
62	Davis Letter- Settlement Request	7/21/08	SUB-46
63	Geico Letter- Settlement Request	8/14/08	SUB-47
64	American Access Ins Letter-Settlement Request	10/24/08	SUB-51
65	Delacruz letter-Proof of Insurance	9/4/08	SUB-53
66	Country Insurance Letter-Settlement Request	11/14/08	SUB-54
67	Infinity Insurance Letter-Settlement Request	11/21/08	SUB-55
68	American Standard Letter-Settlement Request	11/5/08	SUB-56
69	Infinity Insurance Letter-Settlement Request	11/24/08	SUB-57
70	Josefina Letter-Proof of Insurance	11/18/08	SUB-57
71	Chavez-Villegas Letter-Proof of Insurance	11/25/08	SUB-58
72	GMAC Letter-Settlement Request	12/23/08	SUB-60
73	ADOT Letter-Release for Property Damage	1/9/09	PDT Sample 1
74	Citi Financial Letter-Title Guarantee	4/24/08	PDT Sample 2
75	Hart Letter-Contact Request	2/22/08	PDT-12
76	Goldberg & Osborn Letter-Attorney Acknowledgement	6/12/08	PDT-15
77	Solomom Relihan Letter-Attorney Acknowledgement	2/2/08	PDT-16
78	Amador Letter-Proof of Insurance	2/13/08	PDT-17
79	Phillips & Assoc. Letter-Contact Request	9/3/08	PDT-18
80	Dalton Letter-Contact Request	3/19/08	PDT-19
81	Moranga Letter-BI Release	6/13/08	PDT-20
82	Quinonez Letter-Contact Request	2/6/08	PDT-21

83	Rodd's Auto Sales Letter-Title Guarantee	2/7/08	PDT-22
84	Branham Law Offices Letter-Medical Record Request	5/1/08	PDT-23
85	Statton Letter-Contact Request	2/12/08	PDT-24
86	Law Office of Art Travino Letter-Atty Acknowledgement	2/14/08	PDT-26
87	Law Offices of Michael Cordova Letter-Atty Acknowledgment	2/29/08	PDT-27
88	Coronado-Lopez Letter-Full an Final Settlement	5/21/08	PDT-28
89	Law Offices of Joel W Black Letter-Atty Acknowledgment	3/17/08	PDT-29
90	Solomon & Relihan Letter-Full and Final Settlement	9/3/08	PDT-30
91	Vantage West Credit Union Letter-Title Guarantee	3/7/08	PDT-31
92	Hunter Letter-Title Guarantee	3/15/08	PDT-32
93	Geico Letter-Settlement Request	4/11/08	PDT-33
94	Lobel Financial Letter-Title Guarantee	3/18/08	PDT-34
95	Thompson Letter-Full and Final Settlement	6/18/08	PDT-36
96	Garcia Letter-Affidavit of Theft	None	PDT-37
97	Cordova Letter-Total Loss Information Request	5/1/08	PDT-38
98	Gomez Letter-Medical Authorization Request	7/24/08	PDT-40
99	Elcantera Letter-Contact Request	7/1/08	PDT-41
100	Phillips & Assoc. Letter-Contact Request	4/14/09	PDT-42
101	Salvatore Letter-Attorney Acknowledgement	5/9/08	PDT-43
102	Challenge Financial Letter-Title Guarantee	5/7/08	PDT-44
103	Silence Letter-Contact Request	11/13/08	PDT-46
104	Fonseca Letter-Contact Request	6/3/08	PDT-47
105	Desert Star Auto Finance Letter-Title Request	8/1/08	PDT-48
106	Maldonado Letter-Affidavit of VehicleTheft	5/28/08	PDT-49
107	Alamilla Letter-Full and Final Settlement	6/13/08	PDT-50
108	RJ Herwitz Law Firm Letter-Full and Final Settlement	9/4/08	PDT-51
109	Serrano Letter-Contact Request	7/11/08	PDT-52
110	Hernandez-Briceno Letter-Contact Request	6/30/08	PDT-53
110	Loera Letter-Vehicle Release Request	7/25/08	PDT-54
112	Keil & Keil P.C. Letter-Attorney Acknowledgement	8/21/08	PDT-55
113	Phillips & Associates Letter-ER Bill Request	3/12/09	PDT-56
114	Southside Financial Letter-Title Guarantee	8/28/08	PDT-57
115	Martinez Letter-Settlement Release	10/30/08	PDT-59
116	Barriga-Garcia Letter- Total Loss Information Request	10/13/08	PDT-60